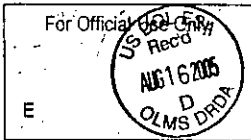


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

REVISED

1. File Number U - 3990	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name ARTHUR J. LUCAS JR. P.O. Box, Bldg., Room No., if any Street 14806 MENARD AVE City OAKFOREST State ILLINOIS ZIP Code + 4 60452	4. Name, file number, and address of labor organization. Name ROOFERS UNION #11 Labor Organization File Number 018962 P.O. Box, Building and Room Number, if any Street 9838 W. ROOSEVELT RD. City WESTCHESTER State ILLINOIS ZIP Code + 4 60154
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

ARTHUR J. LUCAS JR.
REVISED

On

8-10-05

Date

312-259-3600

Telephone Number

Name of Person Filing

ARTHUR LUCAS JR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

ROOFERS UNION PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

305

Street

2340 RIVER RD.

City

DESLAINES

State

ILLINOIS

ZIP Code + 4

60018

14.a. Nature of payment.

INTERNATIONAL FOUNDATION
OF EMPLOYEE BENEFIT PLANS
2009 ANNUAL CONFERENCE
EXPENSE REIMBURSEMENT

14.b. Amount of payment.

358.00

13.b. Is the Business an Employer

X

or Consultant

?

Name of Person Filing

ARTHUR LUCAS JR.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

ROOFERS UNION HEALTH & WELFARE TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

305

Street

2340 RIVER RD.

City

DES PLAINES

State

ILLINOIS

ZIP Code + 4

60018

14.a. Nature of payment.

INTER NATIONAL FOUNDATION
OF EMPLOYEE BENEFIT PLANS
2004 ANNUAL CONFERENCE
EXPENSE REIMBURSEMENT13.b. Is the Business an Employer ☒or Consultant ☐

14.b. Amount of payment.

\$959.00

Name of Person Filing

ARTHUR LUCAS JR.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

ROOFERS' UNION HEALTH & WELFARE TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

305

Street

2340 River Rd.

City

DES PLAINES

State

ILLINOIS

ZIP Code + 4

60018

14.a. Nature of payment.

INTERNATIONAL FOUNDATION
OF EMPLOYEE BENEFIT PLANS
2005 ANNUAL CONFERENCE
REGISTRATION & HOTEL
DEPOSIT

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

\$954.00

Name of Person Filing

ARTHUR LUCAS JR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

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11.b. Approximate dollar value of such dealing.

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12.b. Amount.

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

ROOFERS UNION PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

305

Street

2340 RIVER RD

City

DES PLAINES

State

ILLINOIS

ZIP Code + 4

60018

14.a. Nature of payment.

INTERNATIONAL FOUNDATION
OF EMPLOYEE BENEFIT PLANS
ANNUAL CONFERENCE 2005
REGISTRATION & HOTEL
DEPOSIT

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

\$356